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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public

						_		Thispection		
				r, or tax year beginning 01 C Name of organization	-01-2009 and ending 12-31-200	9	D Employer id	entification number		
	eck ıf a dress ch		ase : IRS	Holiday Rambler Recreationa	Vehicle Club Inc		35-1115913			
_	me cha	lab	el or nt or	Doing Business As			E Telephone n			
		typ	e. See				(574) 295-	9800		
	tıal retu	Ins	ecific struc-	Number and street (or P O b 1600 West Beardsley Avenue	ox if mail is not delivered to street addre No 212	ess) Room/suite	G Gross receipts			
	mınate		ns.	·						
Am	ended	return		City or town, state or country Elkhart, IN 46514	, and ZIP + 4					
Ap	plication	n pending								
				ne and address of principal	officer	H(a) Is th	- ıs a group retur			
			Lında M 1600 V	1oran Nest Beardsley Avenue Su	te	affilia	ates?	⊤Yes 🔽 No		
		:	212	·		H(b) Are a	II affiliates includ	ded?		
				:,IN 46514		1 ' '		t (see instructions)		
I Ta	x-exen	npt status 🔽	501(c)) (7) ◀ (insert no)	(a)(1) or 527	H(c) Grou	up exemption ni	umber ►		
J W	ebsit e	e: 🕨 www hri	vc org							
K For	m of or	ganization 🔽	Corporat	tion Trust Association C	Other 🕨	L Year of fo	rmation 1964	M State of legal domicile IN		
Pa	rt I	Summa	r y				-			
	1	•		-	most significant activities					
ቋ		i o provide s	social	get togethers to foster the	Holiday Rambier product					
Governance										
₩.										
Š	2	Check this	box 🟲	if the organization discor	itinued its operations or disposed	of more than	25% of its net	assets		
	3	Number of v	oting r	members of the governing t	oody (Part VI, line 1a)		3	38		
Activities &	4	Number of i	ndepen	ndent voting members of th	e governing body (Part VI, line 1	b)	. 4			
≝	5	Total numb	erofen	nployees (Part V , line 2a)			5	5		
룶	6	Total numb	erofvo	olunteers (estimate if nece	ssary)		6	5		
đ	7a Total gross unrelated business revenue from Part VIII, column (C), line 12						7	a 12,345		
	ь	Net unrelate	ed busi	7	b 4,962					
						Prio	or Year	Current Year		
	8	Contribution	ons and	d grants (Part VIII, line 1h)		248,510	195,305		
를	9						771,257	606,646		
Reveni	10	Investmer	nt incor	me (Part VIII, column (A),		15,498	11,784			
æ	11				5, 6d, 8c, 9c, 10c, and 11e)		56,059	36,988		
	12				t equal Part VIII, column (A), lin	e	,	· · ·		
							1,091,324	850,723		
	13				olumn (A), lines 1-3)		16,000	18,000		
	14				lumn (A), line 4)		0	0		
Ø	15		therco	ompensation, employee be	nefits (Part IX, column (A), lines	5-	157,725	108,194		
13e	16a	10) Profession	al fund	raising fees (Part IV colu	nn (A), line 11e)		0	0		
Expenses	ь									
Δ				enses (Part IX, column (D), line			881,011	702.077		
	17				11a-11d, 11f-24f)		· · · · · · · · · · · · · · · · · · ·	793,077		
	18 19				ual Part IX, column (A), line 25)		1,054,736	919,271		
	19	Kevenue ie	ess exp	penses Subtract line 18 fr	om line 12	Dominuin.	36,588	-68,548		
Not Assets or Fund Balances						_	g of Current Year	End of Year		
38.6	20	Total asse	ts (Par	rt X, line 16)			807,126	712,602		
춫	21	Total liabil	lities (F	Part X, line 26)			262,700	214,845		
žĒ	22	Net assets	or fun	id balances Subtract line 2	1 from line 20		544,426	497,757		
Pa	rt II	Signatu	re Blo	ock			•			
					nined this return, including accompanying					
		and belief, it	is true,	correct, and complete Declaration	n of preparer (other than officer) is base	ed on all informat	ion of which prepa	rer has any knowledge		
Sigr	1	*****				2010-	-08-31			
Her		Signature	of office	er		Date	-00-31			
		LINDA MO	DRAN CO	00						
				ne and title						
		Dropproris k			Date	Check If	Preparer's ident	ifving number		
Paid		signature Barry K Hall se				self-	(see instructions			
	arer's	F	/ a = · · ·	h Karaal Lawtan C. C.		empolyed 🕨 🦳				
Use		ıf self-employ	èed),) "	/ ШС		EIN 🕨			
J 36 '	∵ iiiy	address, and	ZIP + 4	53633 County Road 7			Disc. 5	F74) 264 2247		
	_			Elkhart, IN 46514			Phone no 🕨 (5/4) 264-2247		
May	the IR	S discuss th	ııs retu	rn with the preparer shown	above? (see instructions)			▼Yes 「No		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To provide social get togethers to foster the Holiday Rambler product

					Form 990 (2009					
4e	Total program service expenses►\$	574,26	6							
40	Other program services (Describe i (Expenses \$	including grants of	f\$) (Revenue \$)					
	Other program corpuses (Describe)	n Schadula O \								
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)					
4b	(Code) (Expenses \$ PROVIDE SCHOLARSHIPS TO STUDENTS WHO		including grants of \$ MEMBERS) (Revenue \$)					
	(C-1-	10.000		\	\ \					
4a	(Code) (Expenses \$ PROVIDE RECREATION AND FELLOWSHIP FO	•	including grants of \$) (Revenue \$	606,646)					
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) organized allocations to others, the total expensions	anizations and section	on 4947(a)(1) trusts a	are required to report the amo						
_	If "Yes," describe these changes on S									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describe these new services on Schedule O									
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .			which were not listed on	┌ Yes ┌ No					

Dart TV	Chackl	ict of D	equired	Schedules
	CHECKI	ISLUIK	eaurea	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

orm	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable	,		
L		-		
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	<u> </u>
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
		3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?]	l	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	Yes	
L	account)?		res	
Ь	If "Yes," enter the name of the foreign country ▶ CA See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and	-		
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
•	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
	organization solicit any contributions that were not tax deductible?		 	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	<u> </u>	1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 9		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a)		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1		
	facilities	1		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	agamst amounts due of received nomithem)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	, - ···	1	1	1

1600 West Beardsley Avenue Suite

Elkhart, IN 46514 (574) 295-9800

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 8			
	Enter the number of voting members that are independent 1b 8	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
100	venue code.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Own website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨
	LINDA MORAN Chief Operating Officer			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n		ate any	curr	ent d	or fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) (C) A verage hours Position (check that apply)					II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
LARRY BLACK National Director	5 00	х						0	0	0
Paul Brand National Director	5 00	Х						0	0	0
Phil Cline National Director	5 00	Х						0	0	0
Dan Herman National Director	5 00	Х						0	0	0
Erwin Peake National Director	5 00	х						0	0	0
John Powell National Director	5 00	х						0	0	0
John Hardy President/National Direc	15 00			х				0	0	0
Wanda Smith Secretary/National Direc	5 00			х				0	0	0
Ray Nichols Treasurer/National Direc	15 00			х				0	0	0
Larry Witt Vice President/National	5 00			х				0	0	0
Linda Moran Chief Operating Officer	40 00			х				50,000	0	0

Forr	n 990 (2009)			Page 8			
1b	Total	0		0			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0						
			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person						
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization						
	(A) Name and business address (B) Description of services		(C Compe				
_		$\frac{1}{2}$					
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0	<u></u>		2 (2000)			
			.orm 99 1	0 (2009)			

Form 990 (2009) Part VIII Statement of Revenue								
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ats	1a	Federated cam	paıgns 1a					
호텔	ь	Membership du	es 1b	183,834				
s, g	c	Fundraising eve	ents 1c					
<u>#</u> #	d	Related organiz	zations 1 d					
ΨŒ	e	Government grants	s (contributions) 1e					
tion sr s	f	All other contribution	ons, gifts, grants, and 1f	11,471				
ê ¥	g		butions included in					
Contributions, gifts, grants and other similar amounts								
<u>ठॅ≅</u>	h	Total. Add lines	s 1a-1f	· · · •	195,305			
<u>a</u>				Business Code				
e E	2a	Income Rallies		721,210	312,626	312,626		
æ	Ь	INCOME ADVENTU	JRES	721,210	198,825	198,825		
956	C	INCOME Caravans	S	721,210	77,015	77,015		
<u>.</u>	d	INCOME Getaway	'S	721,210	18,180	18,180		
E	е							
Program Service Revenue	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a-2f	▶	606,646			
	3	Investment inc	ome (including dividen	ds, interest				
			ar amounts)	⊢	12,291		12,291	
	4		stment of tax-exempt bond					
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Real	(II) Personal				
	ь	Less rental						
	_c	expenses Rental income						
	_	or (loss)	ma or (loss)					
	<u> </u>	d Net rental income or (loss) (i) Securities		(II) O ther				
	7a	Gross amount from sales of assets other than inventory	290,000	308				
	Ь	Less cost or other basis and	290,467	348				
	c	sales expenses Gain or (loss)	-467	-40				
	d	Net gain or (los		<u> </u>	-507		-40	-467
	8a		rom fundraising					
Other Revenue	b	See Part IV, lin	reported on line 1c)					
ŏ	С		(loss) from fundraising	events 🕨				
	9a	Gross income f See Part IV , lin	rom gaming activities ie 19 a					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	• •	94				
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve		94		94	
		Miscellaneous		Business Code	20.624	20.624		
	11a	Rambling Adve	rtising	511,190	29,634	29,634		
	b	Misc Revenue		900,099 561,000	4,100	4,100		
	C	New Members		561,000	3,160	3,160		
	d	All other revenu						
	12	Total. Add lines Total revenue.	See Instructions .	· · · · •	36,894			
	1				850,723	643,540	12,345	-467

	990 (2009)				Page 10
Part	t IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,000	18,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	54,273		54,273	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	48,786		48,786	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	·		,	
9	Other employee benefits	550		550	
10	Payroll taxes	4,585	1	4,585	
11	Fees for services (non-employees)	.,		,,,,,,	
 a	Management				
b	Legal				
c	Accounting	14,055		14,055	
d	Lobbying	11,033		11,033	
u _	Professional fundraising See Part IV, line 17				
f	Investment management fees	1 252		1 252	
	-	1,352 13,884		1,352	
g 12	Other	,		13,884	
12	Advertising and promotion	1,674	15.722	1,674	
13	Office expenses	126,369	15,723		
14	Information technology	703		703	
15	Royalties				
16	Occupancy	8,555		8,555	
17 18	Travel	141,198	105,935	35,263	
	state, or local public officials				
19	Conferences, conventions, and meetings	440,972	434,608	6,364	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	917		917	
23	Insurance	27,747		27,747	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Bad Debt Expense	5,135		5,135	
b	New Member	2,320		2,320	
С	REPAIR AND MAINTENANCE	1,747		1,747	
d	Free Memberships	1,550		1,550	
e	Dues and Subscriptions	1,312		1,312	
f	All other expenses	3,587		3,587	
25	Total functional expenses. Add lines 1 through 24f	919,271	574,266	,	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	313,271	377,200	313,003	
	campaign and fundraising solicitation	I	L		

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			147,597	1	147,625	
	2	Savings and temporary cash investments			503,999	2	428,022	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			3,078	4	2,844	
	5	Receivables from current and former officers, directors, trustees, l highest compensated employees Complete Part II of						
		Schedule L		5				
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of	58(f)(1)) and					
		Schedule L				6		
Assets	7	Notes and loans receivable, net				7		
Ŝ	8	Inventories for sale or use				8		
٧	9	Prepaid expenses and deferred charges			73,951	9	32,101	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	37,053				
	ь	Less accumulated depreciation	10b	36,341	1,804	10c	712	
	11	Investments—publicly traded securities	·		76,697	11	101,298	
	12	Investments—other securities See Part IV, line 11			12			
	13	Investments—program-related See Part IV, line 11		13				
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			807,126	16	712,602	
	17	Accounts payable and accrued expenses .		9,988	17	8,648		
	18	Grants payable				18		
	19	Deferred revenue		252,712	19	206,197		
	20	Tax-exempt bond liabilities			20			
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule I	D			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	yables to current and former officers, directors, trustees, key					
Lie		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties .				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			262,700	26	214,845	
sea		Organizations that follow SFAS 117, check here ▶	te lines	27				
an	27	Unrestricted net assets			371,768	27	328,245	
B3	28	Temporarily restricted net assets			172,658	28	169,512	
þι	29	Permanently restricted net assets			29	_		
Fund Balance		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	complet	е				
<u>-</u>		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fund	ds			32		
Net	33	Total net assets or fund balances			544,426	33	497,757	
_	34	Total liabilities and net assets/fund balances			807,126	34	712,602	

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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DLN: 93493251010130

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Inspection
ntion number
. Complete if th
ther accounts
┌ Yes ┌ No
┌Yes ┌No
/, line 7.
tly land area ture
End of the Year
end of the fear
during
│
<u> </u>
┌ Yes ┌ No
and cribes
Assets.
works of blic service,
ks of art, : service,
de the
d

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easur	<u>es, or 0</u>	ther	· Similar	<u>Asset</u>	S (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	lowing t	hat are	a sıgnıfıca	nt us	e of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexcha	inge progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	r the or	ganızatıon	's ex	empt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	ΓY	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Forn	n 990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontrıbu	tions or	other ass	ets n	ot	┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Γ			A moun	t	
с	Beginning balance							1c				
d	Additions during the year						ŀ	1d				
e	Distributions during the year						 	1e				
f	Ending balance						F	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L				es	┌ No
	If "Yes," explain the arrangement in Part XIV									, -		,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	IV. line 1	0.		
	Endownient i anabi complete	(a)Current Year		Prior `			Years Back		hree Years Ba		our Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	l and ad	mınıstere	d for t	:he	_		
	organization by								_		Yes	No
	(i) unrelated organizations			•				•	_	3a(i)		
L	(ii) related organizations								📑	Ba(ii)		
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•						•		3b		
	t VI Investments—Land, Buildings					90 Par	t X line	10				
		o, una Equipme			a) Cost o	•	(b)Cost or		(c) Accumi	ulated		
	Description of investment				isis (inve		basis (otl		deprecia		(d) B	ook value
1a	Land		•									
	Buildings											
b									1			
	Leasehold improvements		•									
c	Leasehold improvements					37,053				36,341		712
c d	·					37,053				36,341		712

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Total revenue (Form 990, Part VIII, column (A), line 12)

850,723

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	919,271
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-68,548
4	Net unrealized gains (losses) on investments	4	22,013
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-134
9	Total adjustments (net) Add lines 4 - 8	9	21,879
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-46,669
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	890,062
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	:	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 11,927		
e	Add lines 2a through 2d	2e	39,380
3	Subtract line 2e from line 1	3	850,682
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,352		
b	Other (Describe in Part XIV) 4b -1,311	_	
c	Add lines 4a and 4b	4c	41
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	850,723
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1	Total expenses and losses per audited financial statements	1	936,731
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	,	
d	Other (Describe in Part XIV)	2	
e	Add lines 2a through 2d	2e	18,699
3	Subtract line 2e from line 1	3	918,032
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,352	2	
b	Other (Describe in Part XIV) 4b -113	3	
c	Add lines 4a and 4b	4c	1,239
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	919,271
D	+ YTV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		PART XII LINE 2D AND PART XIII LINE 2C BAD DEBT
		EXPENSE RECORDED GROSS IN EVENT INCOME AND
		EVENT EXPENSE IN THE ORGANIZATION'S FINANCIAL
		STATEMENTS PART XII, LINE 4B ADJUSTMENT FOR
		FOREIGN CURRENCY REMEASUREMENT (\$1,332), AND
		FINANCIAL STATEMENT LOSS IN EXCESS OF TAX LOSS ON
		SALE OF ASSET \$21, REPORTED IN PART VIII REVENUE IN
		RETURN, AS EXPENSE ON FINANCIAL STATEMENTS PART
		XI, LINE 8B ADJUSTMENT OF (-21) FOR FINANCIAL
		STATEMENT LOSS IN EXCESS OF TAX LOSS ON SALE OF
		ASSET ADJUSTMENT OF (-113) FOR FINANCIAL
		STATEMENT DEPRECIATION IN EXCESS OF TAX
		DEPRECIATION PART XIII, LINE 2D ADJUSTMENT FOR
		FOREIGN CURRENCY REMEASUREMENT, REPORTED AS
		REVENUE IN RETURN, AS EXPENSE ON FINANCIAL
		STATEMENTS PART XIII, LINE 4B TAX DEPRECIATION
		LESS THAN BOOK DEPRECIATION

DLN: 93493251010130

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

Inspect ion

Internal Revenue Service

Name of the organization

SCHEDULE F

(Form 990)

▶ Attach to Form 990. ▶ See separate instructions. Department of the Treasury

Employer identification number

loli	day Rambler Recreational	Vehicle Club Inc				
					35-111591	3
Pa		r mation on Ac 990, Part IV, lın		de the United States	. Complete if the organ	nization answered
1	assistance, the grant	ees' eligibility fo	or the grants or	assistance, and the se	the amount of the grant lection criteria used to a	ward _
2	For grant makers. Descr United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	e use of grant funds outsid	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)		
	(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e., fundraising, program services,	(e) If activity listed in (d) is a program service, describe specific type of	for region

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

	t to provide the information requ	ured in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 Accrual
Schedule F, Part IV	Other Information	Holiday Rambler Recreational Vehicle Club's exempt purpose is to provide social get togethers for club members to foster the Holiday Rambler product. Program expenses incurred related to activities outside the United States are all incurred for events such as Caravans, Adventures, and other trips that club members take while driving their Holiday Rambler RVs. These events are held with direct relation to the organizations exempt purpose.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493251010130

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public **Inspection**

Name or the organization						Employer Identification number			
Hol	Holiday Rambler Recreational Vehicle Club Inc						35-1115913		
P	art I General Infor	mation on Grant	s and Assistance						
1 2	Does the organization m the selection criteria use Describe in Part IV the o	ed to award the grants	or assistance?					✓ Yes	
Pa	Form 990, Part	IV, line 21 for any	o Governments and recipient that receive 90) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
EDUCATIONAL SCHOLARSHIPS PROVIDED TO COLLEGE STUDENTS WHO ARE FAMILY RELATIONS TO MEMBERS OF THE HOLIDAY RAMBLER RECREATIONAL VEHICLE CLUB	9	18,000			
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					
Ident if ier	Return Reference	Explanation			
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Students are notified that the scholarship has been awarded Scholarship payments are mailed directly to the educational institution the student is attending. The student ID number or SSN is included on the check payment. The school is then responsible for applying the scholarship payment to the student's account. The Organization is contacted by the student if an error occurs. The Organization follows up with the school to help correct any errors.			
	'				

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

Employer identification number Name of the organization Holiday Rambler Recreational Vehicle Club Inc 35-1115913

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The Organization has members across the United States and in Canada. The members vote on changes to the Articles of Incorporation. All other motions are presented and voted on by the Board of Directors.
Form 990, Part VI, Section A, line 7a		All club members are eligible to run for the Board of Directors. Members are nominated, and the names of all nominated members are put on a ballot. All members of the Club are allowed to vote to elect the members who will comprise the Board of Directors.
Form 990, Part VI, Section A, line 7b		At times, if a significant issue is brought to the Board of Directors, the Board will make a motion. The Board of Directors vote on all matters. Members are permitted to vote on changes to the Articles of Incorporation.
Form 990, Part VI, Section B, line 11		Before Form 990 is filed, Linda Moran, Chief Operating Officer, and Christina Crist, Accounting Manager, review Form 990 and all supplementary schedules once Form 990 (prepared by paid preparer) is provided to them via email. The return is sent to all members of the Board of Directors, also via email.
Form 990, Part VI, Section C, line 19		Governing documents and financial statements are provided to the public upon request, via email or hard copy sent via United States Postal Service
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	LARRY BLACK - 804 Chris Haven Drive N , Seymour, TN 37865 Paul Brand - 29 York St Brown Hill RR #1, Sutton West, Ont, CANADA L0E 1R0 Phil Cline - PO Box 390, Eagleville , PA 19408 Dan Herman - PO Box 591 , Grand Blanc, MI 48480 Erw in Peake - 8201 Golf Course Road NW D3-299, Albuquerque, NM 87120 John Pow ell - 9471 Concord Rd , Pow ell, OH 43065 John Hardy - 201 Karen Circle, Winston-Salem, NC 27105 Wanda Smith - 1700 S Red Rock Drive, Pahrump, NV 89048 Ray Nichols - 65692 E Rocky Terrace Dr , Tuscon , AZ 85739 Larry Witt - 103 N haw thorn Drvie, Altoona, IA 50009 Linda Moran - 58601 Beech Road, Mishaw aka, IN 46544
Tar Danarwark Dadus	ton Act Notes and the	Instructions for Form 990 Cat. No. 51.056K Schedule O (Form 990) 200

Additional Data

Software ID:

Software Version:

EIN: 35-1115913

Name: Holiday Rambler Recreational Vehicle Club Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Bad Debt Expense	5,135		5,135	
New Member	2,320		2,320	
REPAIR AND MAINTENANCE	1,747		1,747	
Free Memberships	1,550		1,550	
Dues and Subscriptions	1,312		1,312	

DLN: 93493251010130

OMB No 1545-0172

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates **Identifying number** Holiday Rambler Recreational Vehicle Club Inc Form 990 Page 10 35-1115913 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. **1** Maximum amount. See the instructions for a higher limit for certain businesses. 250.000 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 917 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property **f** 20-year property S/L g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L 39 yrs S/L i Nonresidential real property S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System **20a** Class lıfe S/L **b** 12-year 12 yrs S/L c 40-year 40 yrs ΜМ S/L Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 917 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See	the i	nstruci	ions fo	r limi	ts fo	r pa	ssenge	er au	tomol	iles.)	
24a Do you have evidend	e to support	the business/in	vestment u	ise claimed	d? ┌Yes	Гпо		24	lb If "Yes	s," is the	e evic	dence	written?	Гүе	sГn	D	
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/ investment use percentage (d) Cost or bas			r other (business/investment			(f) Recovery period	covery Method/		(h) Depreciation/ deduction			(i) Elected section 179 cost					
25Special depreciation allow	· ·		erty placed	ın service (during the	tax year	and u	ısed more	than	25							
50% in a qualified busin	•								I	25							
26 Property used more	than 50%	in a qualified %	business	use	1			l	1	1							
		%								1							
		%															
27 Property used 50%	or less in a		iness us	е	_												
		%							S/L - S/L -					_			
		%							S/L -					-			
28 Add amounts in co	lumn (h) lir		ıh 27 En	ter here a	and on lu	ne 21	nage	1 -		28							
29 Add amounts in co		•				, ,	5-		L	1			29				
29 Add amounts in co	iuiiiii (1), iiiii		ction B			. on II		f Vah	icles				29				
Complete this section	for vehicles									" or re	lated	d pers	son				
If you provided vehicles to y														e vehic	les		
30 Total business/inv	estment mi	les driven du	rına the		a)		b)		(c)	l	(d)		(e	•		(f)	
year (do not includ				Vehicle 1		Vehi	Vehicle 2		Vehicle 3		Vehicle 4		Vehic	le 5	5 Vehicle		
										_							
31 Total commuting m																	
32 Total other persona	al(noncomm	nuting) miles	drıven														
33 Total miles driven through 32	during the y • • •	ear Add line	s 30														
34 Was the vehicle available for personal use				Yes	No	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	
during off-duty hou	rs?																
35 Was the vehicle us owner or related pe		by a more t	han 5%														
36 Is another vehicle		r personal us	e? .														
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	hei	r En	volan	ees	1		
Answer these question 5% owners or related p	s to determ	ine if you me	et an exc												not mo	re thar	
37 Do you maintain a vemployees?	written polic	y statement	that prof	nibits all	personal	use of	vehi	cles, in	luding o	ommı •	ıtıng •	, by y	our •	Y	es	No	
														<u> </u>			
38 Do you maintain a very employees? See th		•															
39 Do you treat all use	of vehicles	by employe	es as pei	sonal us	e? .												
40 Do you provide more vehicles, and retain				oyees, ol	btaın ınfo	ormatio •	n froi	m your	employe	es abo	ut th	he us	e of the				
41 Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruc	ions)				-			
Note: If your answe	er to 37, 38	, 39, 40, or 4	l 1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for the	covere	dvehic	les						
Part VI Amortiz																	
		(b)						(4)		(e)				(f)			
(a) Date Description of costs amortization begins			A mort	(c) (d) A mortizable Code amount sectio				ode period or			A mortization for this year						
42 A mortization of cos	te that has		ur 2000	tay your	(see inc	truction	٦ς١		I bei	11164	,~						
TE A INCIDIZACION OF COS	- ca chac bey	ms during ye	1	tun year	(266 1112	1	13)				$\overline{}$						
						-+			_		+						
										T -	+						
43 A mortization of cos	_					•	•			4							
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				4	4						